

ST. AMBROSE PARISH - CONFIDENTIAL CENSUS INFORMATION FORM

ALL PARISHIONERS PREVIOUS REGISTERED WITH

ST. AUGUSTINE OR ST. MONICA PARISH ARE ASKED TO COMPLETE AND

RETURN CENSUS TO INDICATE THAT YOU WOULD LIKE YOUR REGISTRATION TRANSFERRED TO ST. AMBROSE PARISH

Family Last Name	Street Address /City/Zip Code	Mailing Address (if different from street address)	Home Phone:
Cell Phone(s):	E-Mail Address(es)		
Do you currently receive contribution envelopes: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please enter your envelope number if known: _____ If no, would you like to receive envelopes: Yes <input type="checkbox"/> No <input type="checkbox"/> Do you currently use our online giving option: Yes <input type="checkbox"/> No <input type="checkbox"/> Would you like to use our online giving option: Yes <input type="checkbox"/> No <input type="checkbox"/>			

First Names	Sex	Birthdate	Religion	Occupation	Marital Status	Date Married	Baptized?	1 st Comm.?	Confirmed?	Active Parishioner?
Head of Household	M/F	/ /				/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse	M/F	/ /				/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Maiden Name										

- We (I) are registered parishioners and desire to continue as such.
- We would like to be removed from the parish files. (If you wish please explain why)

Children & Single Adults in Household

First & Last Name	Sex	Birthdate	Religion	School Attended	Current Grade	CCD?	Baptized?	1 st Comm.?	Confirmed?	Active Parishioner?
	M/F	/ /				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	M/F	/ /				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	M/F	/ /				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	M/F	/ /				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	M/F	/ /				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Active

(Please list any additional children on an additional page)

Please list any special needs and who? (Example: homebound, nursing home, blind, deaf, learning disability, etc.)

Please indicate if you currently volunteer or would like to volunteer or learn more about the following activities in our parish:

Continue	Begin	Continue	Begin	Continue	Begin
_____	_____	Adoration	_____	ACT's Team/Retreatant	_____
_____	_____	Alpha	_____	Alpha Team	_____
_____	_____	Book Club	_____	Boy Scouts/Heritage Girls	_____
_____	_____	Choir – Adult	_____	Choir – Children's	_____
_____	_____	Confirmation Teacher	_____	Confraternity of the Rosary/Rosary Society	_____
_____	_____	Divine Mercy	_____	Eucharistic Minister of Holy Communion	_____
_____	_____	Faith Sharing Group	_____	Finance Council	_____
_____	_____	Greeter	_____	Knights of Columbus	_____
_____	_____	Men's Group	_____	Money Counter	_____
_____	_____	Samaritan Stickers	_____	Social Action (i.e. Food Pantry)	_____
_____	_____	Usher	_____	Youth Group	_____
Other: _____	_____	_____	_____	_____	_____

Please indicate if you have any occupational skills or talents you would be willing to volunteer as the needs arise. **

_____	_____	Artist/Graphic Arts	_____	Baking	_____	Bulking Mailing	_____	Carpentry	_____	Computer Repair
_____	_____	Cooking	_____	Contractor	_____	Crafts	_____	Data Entry	_____	Electrician
_____	_____	Engineering	_____	Fairs/Festivals	_____	Floors/Carpet Cleaning	_____	Floral Arranging	_____	Gardening
_____	_____	General Maintenance	_____	Heating/Air Condition	_____	Heavy Cleaning	_____	Lawn/Landscaping	_____	Lawyer
_____	_____	Masonry	_____	Money Counting	_____	Painting	_____	Photography	_____	Plumbing
_____	_____	Roofing	_____	Receptionist	_____	Sewing/Finishing	_____	Secretarial Support	_____	Substitute Teaching
_____	_____	Support with events	_____	Videography	_____	Website design/upkeep	_____	Window Washing	_____	Youth Supervision
Other: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

****If you are unable to volunteer for specific areas at this time, please know that your prayers are also a vital contribution**

Do you have any suggestions you would like to offer to the Parish Council or committees, or have any suggestions or ideas concerning areas of service within our Parish or community?

Please complete form and mail to: Attn: Cyndie Baker, St. Ambrose Parish, 30 Caputo Rd., North Branford, CT 06471
 or you can email census form to: Cyndie.Baker@NBCatholics.org or fax to 203-484-0132